

**Department of Health and Human Services
Health Care Financing Administration
Operational Policy Letter #86
OPL99.086**

Date: **March 26, 1999**

Subject: **Medicare Coverage of Abortions**

Medicare does not pay for abortions except where (1) the pregnancy is the result of an act of rape or incest or (2) a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Medicare funds, including those supporting either basic or additional benefits, should not be used to pay for abortions unless one of the above exceptions apply.

Health plan obligations regarding abortion services were recently addressed in sections 508, 509, and 216 of the Department of Health and Human Services Appropriations Act, 1999 (part of the Omnibus Consolidated and Emergency Supplemental Appropriations Act for Fiscal Year 1999, P.L. 105-277), enacted in October 1998. Section 216 prohibits the Secretary from denying eligible entities participation in the Medicare+Choice (M+C) program because the entity notifies the Secretary that it will not provide, pay for, or provide referrals for abortion services. However, section 216 also states that abortion remains a Medicare-covered service for all enrollees in the limited circumstances described above and that participating M+C organizations are responsible for informing enrollees where to obtain information about all Medicare-covered services.

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This OPL was prepared by the Center for Health Plans and Providers.